



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Siegfried, Katherine		R.	527-8017
MAILING ADDRESS (Street)			FAX
924 Bethel St.			527-8088
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Legal Aid Society of Hawaii			536-4302
MAILING ADDRESS (Street)			FAX
924 Bethel St.			527-8088
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wayne Kearwe			527-8060
MAILING ADDRESS (Street)			FAX
924 Bethel St.			527-8088
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation

Health

Planning, Land & Water  
Use Management

Other: (indicate below)

Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.**Kathrin Siegfried*

(Signature of Lobbyist)

*1/04/07*

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

*WAYNE KEAWE**Comptroller*

NAME OF ORGANIZATION (if applicable)

TELEPHONE

*Legal Aid Society of Hawaii**527-8060*

MAILING ADDRESS (Street)

FAX

*924 Bethel Street**527-8088*

(City)

(State)

(Zip Code)

*Honolulu**HI**96813**I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

x

*[Signature]**1/4/07*

(Signature of Authorizing Officer or Person Represented)

(Date)